

Missouri Department of Labor and Industrial Relations

QUARTERLY CONTRIBUTION AND WAGE REPORT PLEASE TYPE OR PRINT THIS REPORT 1. EMPLOYER NAME AND ADDRESS XYN						3. CALENDAR QUARTER		(DO NOT USE)	
								Date Paid	
						4. TOTAL WAGES PAID			
						5. WAGES PAID IN EXCESS			
						OF			
						PER WORKER PER YEAR			
						6. TAXABLE WAGES			
						Item 4 Minus Item 5		<u></u>	
						7. CONTRIBUTIONS DUE Multiply Item 6 by Your		Due	
						RATE		Pd	
					+	8. INTEREST ASSESSMENT DUE		Over	
						TO FEDERAL ADVANCES		Under	
	15. FEDERAL ID NUI	MBER				9. INTEREST CHARGES		Adj/Cr.	
	RETUR	N THIS PAGE WIT	H REMITTA	NCE TO):	PER MONTH		Applied	
	DIVIS	SION OF EMPLOY		JRITY		If Paid After			
	IE	PO BOX FFERSON CITY		900		10. LATE REPORT PENALTY CHARGES			
(N	MAKE CHECK PAY				IT SECURITY)	A. Greater of 10% or \$100			
,.,	iirate oneon ran	NB22 10 B111010	0. 2 2	O 1 111 E 1	0200	B. Greater of 20% or \$200			
ГНІЅ	REPORT IS DUE BY					11. OUTSTANDING AMOUNTS AS			
GRE	ATER OF 10% OR \$10	00 PENALTY AFTER				OF			
GRE	ATER OF 20% OR \$20	00 PENALTY AFTER				12. ADJUSTMENT			
	CHECK HERE IF	YOU HAVE SOLD OF	R DISCONTINU	JED YOU	JR	TO PRIOR QUARTERS			
	1	OYMENT OR IF REC				A. Underpayments			
	If checked, comple	ete the 'Report on Cha	ange of Busines	ss Opera	tions'	B. Overpayments			
			DATE			13. TOTAL PAYMENT			
	-				_	14. FOR EACH MONTH, ENTER THE NUM		ORKED OR	
	SIGNED					RECEIVED PAY FOR THE PERIOD WHIC			
S	TITLE					1st	2nd 3rd		
T	SS NO		_ PHONE			NAME AND ADDRESS OF PREPARER IF OTHER THAN TAXPAYER			
	By signing above, I ce including name and ad			this repo	ort,	SIGNATURE	PHONE		
A	including name and ac	adress in item 1 is true				ADDRESS			
P	16. Social	Security Number	First Initial	Middle Initial		17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary	
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MISSOURI

Missouri Department of Labor and Industrial Relations DIVISION OF EMPLOYMENT SECURITY

	DIVISION OF EMPLOYMENT SECURITY		2. MISSOURI EMPLOYER ACCOUNT NO.		
	QUARTERLY CONTRIBUTION AND WAGE REPLEASE TYPE OR PRINT THIS REPORT	EPORT	3. CALENDAR QUARTER		-
1. E	MPLOYER NAME AND ADDRESS	XYN			
			4. TOTAL WAGES PAID		RETURN ORIGINAL
			5. WAGES PAID IN EXCESS		WITH ANY
			OF		REMITTANCE DUE
			PER WORKER PER YEAR		
			6. TAXABLE WAGES		
			Item 4 Minus Item 5		4
			7. CONTRIBUTIONS DUE Multiply Item 6 by Your		
			RATE		
		+	8. INTEREST ASSESSMENT DUE		1
			TO FEDERAL ADVANCES		EMPLOYER'S
1	15. FEDERAL ID NUMBER		9. INTEREST CHARGES		COPY
	RETURN THIS PAGE WITH REMITTANCE TO:		PER MONTH		
	DIVISION OF EMPLOYMENT SECURITY		If Paid After		1
	PO BOX 888		10. LATE REPORT PENALTY		
/B.S.A	JEFFERSON CITY MO 65102-0888	OLIDITA)	CHARGES		
(IVIA	AKE CHECK PAYABLE TO DIVISION OF EMPLOYMENT SE	CURITY)	A. Greater of 10% or \$100 B. Greater of 20% or \$200		
THIS R	REPORT IS DUE BY		11. OUTSTANDING AMOUNTS AS		-
	TER OF 10% OR \$100 PENALTY AFTER		OF		RETAIN
	TER OF 20% OR \$200 PENALTY AFTER		12. ADJUSTMENT		FOR
	CHECK HERE IF YOU HAVE SOLD OR DISCONTINUED YOUR		TO PRIOR QUARTERS		YOUR
	BUSINESS/EMPLOYMENT OR IF REQUESTING AN ADDRESS CHA	ANGE.	A. Underpayments		RECORDS
	If checked, complete the 'Report on Change of Business Operations'		B. Overpayments		_
	DATE		13. TOTAL PAYMENT		
			14. FOR EACH MONTH, ENTER THE NUMBE		RKED OR
s	IGNED		RECEIVED PAY FOR THE PERIOD WHICH I		
\mathbf{S}^{T}	ITLE		1st 2n	d 3rd	
\mathbf{T}	S NO PHONE		NAME AND ADDRESS OF PREPARER IF O	THER THAN TAXPAYER	
P	y signing above, I certify that the information contained in this report,		SIGNATURE	PHONE	
\mathbf{A} ir	ncluding name and address in Item 1 is true and correct.		ADDRESS		
P	16. Social Security Number First Middle Initial Initial		17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
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MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF EMPLOYMENT SECURITY

P.O. Box 888 Jefferson City, MO 65102-0888

Missouri Quarterly Wage Report CONTINUATION SHEET

					number as shown on Calendar Quarter/Year on and Wage Report		
						Type or print in ink	
16. Social Security Number				Middle	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
		<u> </u>	Initial	Initial	, ,	, , ,	
20. PAGE	(DF P.	AGES		TOTAL THIS PAGE		

Be sure that each page carries employer's name, account number, page number and calendar quarter and year.

Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.

Retain copy for your file.